

Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read instructions carefully before completing this form.

JAN 22 2016

1. CARRIER INFORMATION:

611	Dependable Transportation, Inc			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
9418 Annapolis Road, #103		Apt./Suite	City	MD 20706-3043
*Street Address of Principal Place of Business				State Zip
P.O. Box 407		Apt./Suite	City	MD 20703-0407
Mailing Address (if different from street address)				State Zip
(301) 429-0266		(301) 429-0268	vadams.dependable@gmail.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Victoria Adams-Eley		President	
*Name		*Title	
(301) 429-0266		(301) 429-0268	vadams.dependable@gmail.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below **or** (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

see attached

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Victoria Adams
*Name (type or print)

President
*Title (not required for sole proprietors)

Victoria Adams
*Signature

1-20-16
*Date

Make	Model	Vehicle ID # (VIN)	Year	Tag Number	State	Seating Capacity	WC Y/N
Chevy	Express 1500	1GAZG1FG6E1112860 ✓	2014	58005B	MD	15	N
Chevy	Express 1500	1GAHG39R8Y1265958 ✓	2000	50916B	MD	15	N
Dodge	Caravan	2C4RDGCD6CR229922 ✓	2012	54205B	MD	6	Y
Honda	Odyssey	5FNRL38475B020875 ✓	2005	50903B	MD	8	N
Chrysler	T&C	2A4RR4DE3AR344174 ✓	2010	51933B	MD	6	Y
Dodge	Caravan	2D4RN4DE0AR331225 ✓	2010	52455B	MD	6	Y
Toyota	Sienna	5TDZK3DC3BS165239 ✓	2011	50911B	MD	7	N
Toyota	Sienna	5TDZK3DC5BS172631 ✓	2011	50910B	MD	7	N
Toyota	Sienna	5TDKK3DC1BS174233 ✓	2011	46275B	MD	8	N
Toyota	Sienna	5TDKK3DC7BS160885 ✓	2011	50913B	MD	8	N
Toyota	Sienna	5TDZK3DC0BS170947 ✓	2011	50900B	MD	7	N
Toyota	Prius	JTDKN3DU1B5309362 ✓	2011	51551B	MD	5	N
Toyota	Sienna	5TDZK3DCXCS279224 ✓	2012	50901B	MD	7	N
Toyota	Sienna	5TDZK3DC2CS278293 ✓	2012	50906B	MD	7	N
Toyota	Sienna	5TDKK3DC2CS276528 ✓	2012	50902B	MD	8	N

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